TOE080 "4597126 60

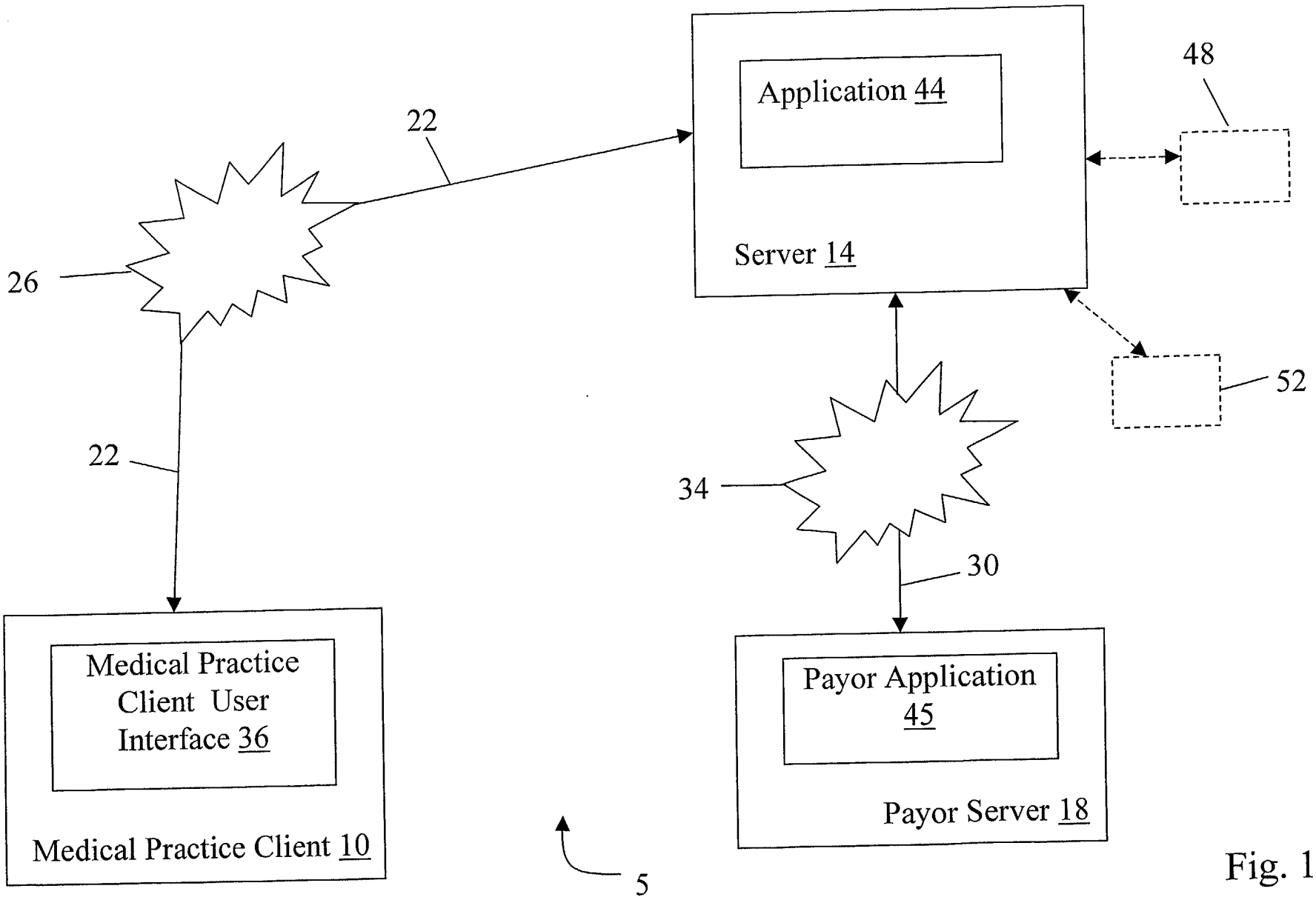


Fig. 1

Title: Practice Management and Billing Automation System
Inventor(s): Amar et al.
Atty Docket No. AHC-001
Atty/Agent: John V. Bianco Reg. No. 36,748
(617) 248-7870
Express Mail Label No. EL822886561US
Sheet 1 of 22

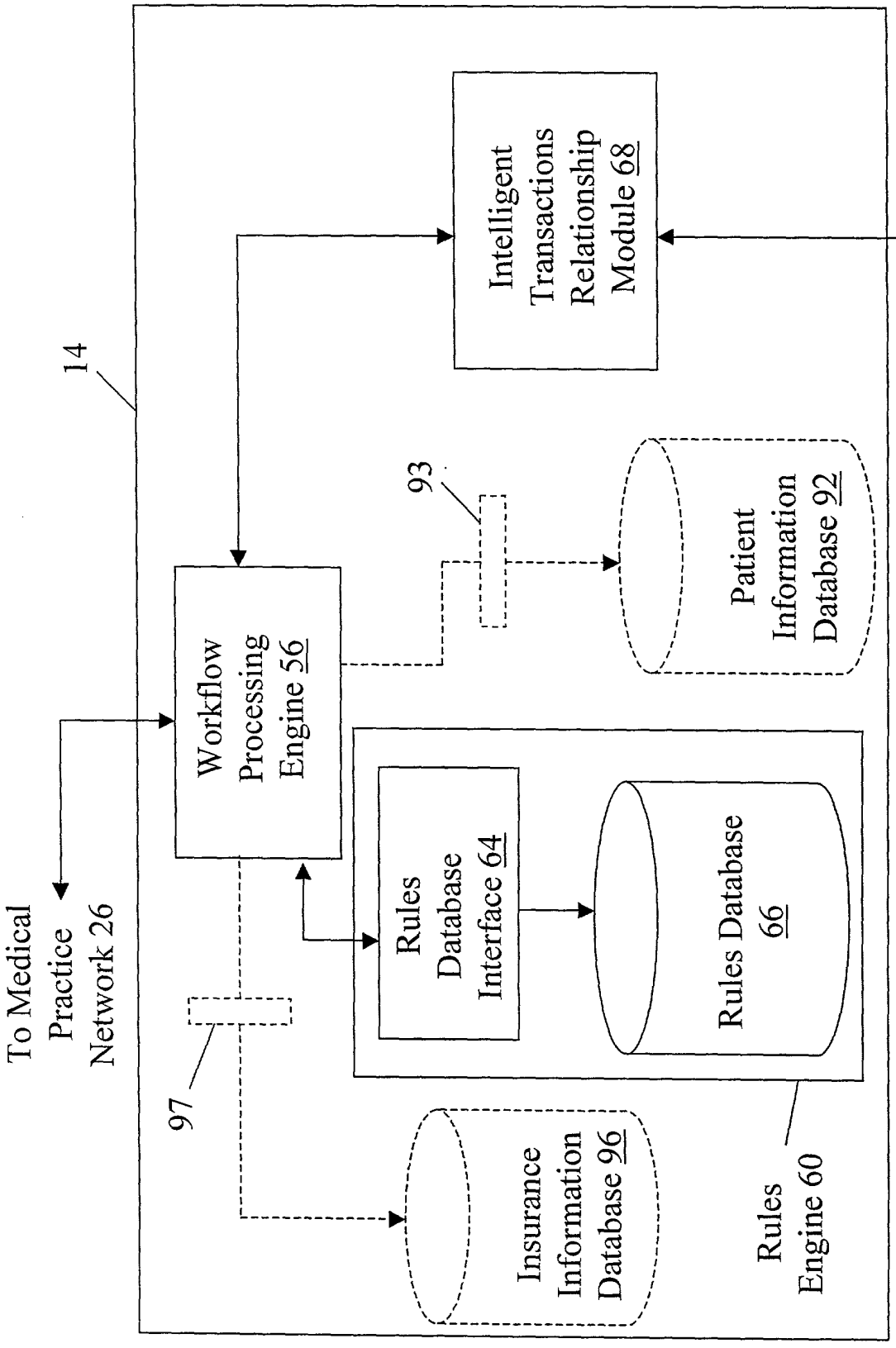

14
Intelligent Transactions Relationship Module 68
To Payor Network 34
93
Patient Information Database 92
Workflow Processing Engine 56
To Medical Practice Network 26
Rules Database Interface 64
Rules Database 66
97
Insurance Information Database 96
Rules Engine 60

Fig. 2A

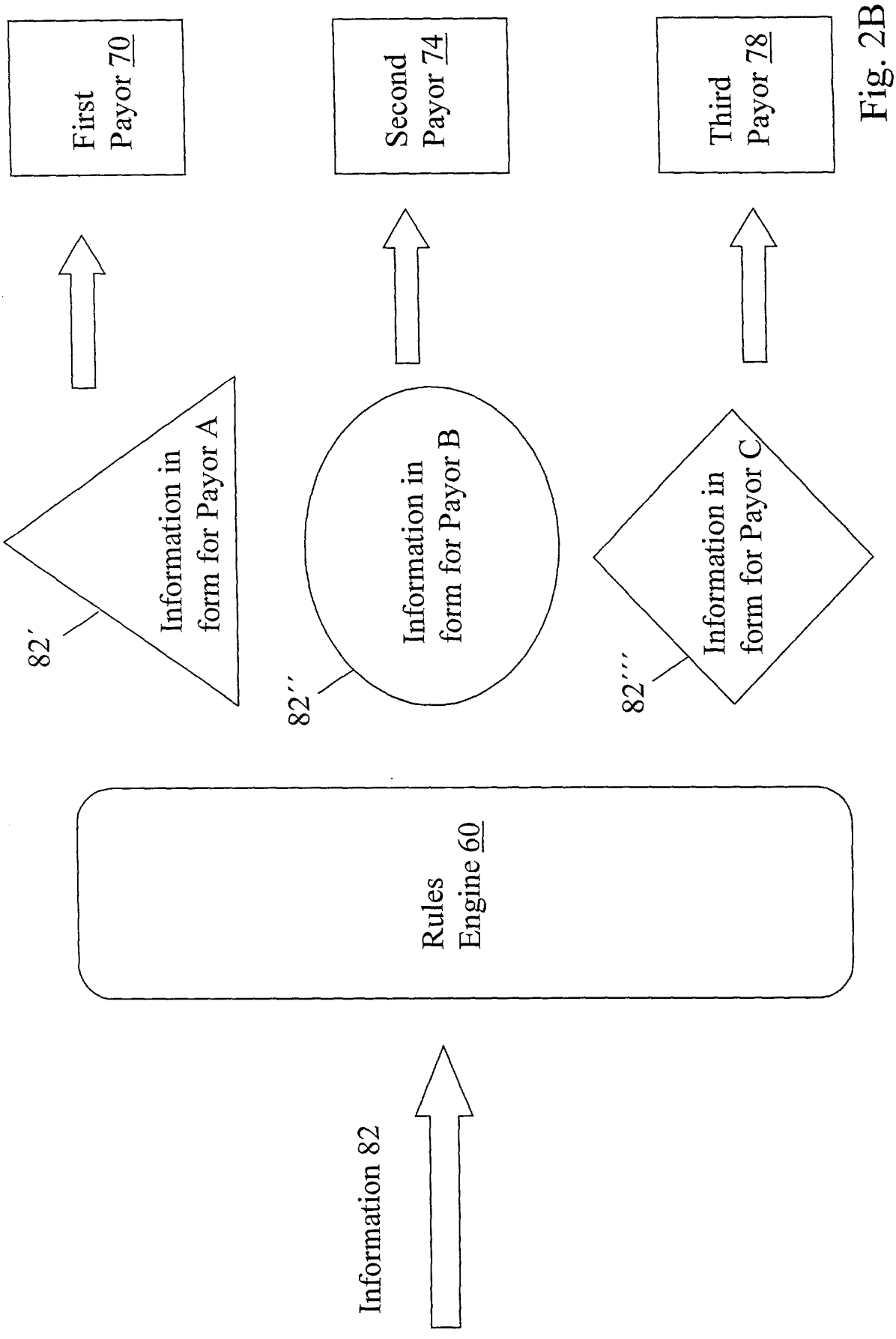

Information 82
Rules Engine 60
82'
Information in form for Payor A
82''
Information in form for Payor B
82'''
Information in form for Payor C
First Payor 70
Second Payor 74
Third Payor 78

Fig. 2B

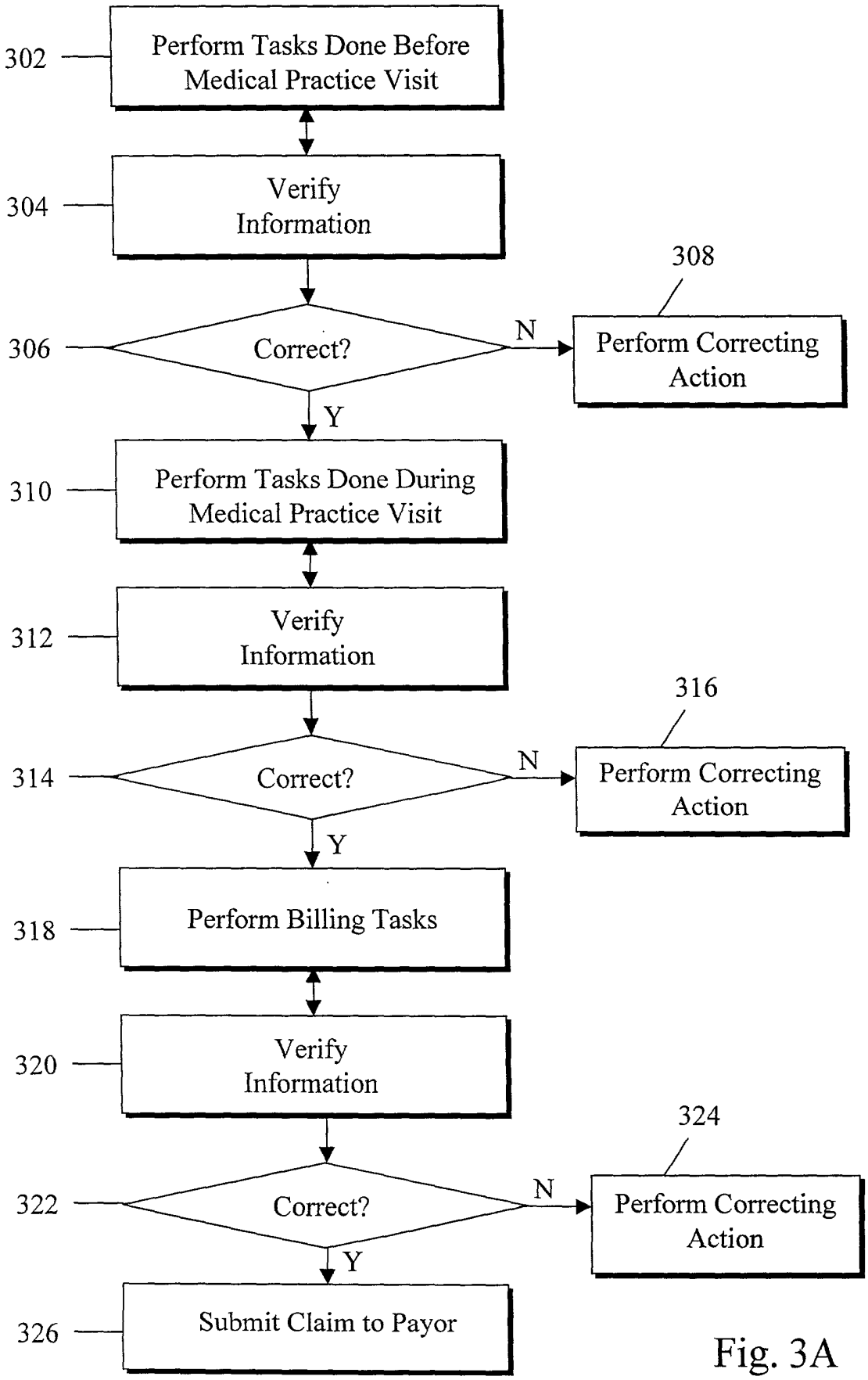

302
Perform Tasks Done Before Medical Practice Visit
304
Verify Information
306
Correct?
N
308
Perform Correcting Action
Y
310
Perform Tasks Done During Medical Practice Visit
312
Verify Information
314
Correct?
N
316
Perform Correcting Action
Y
318
Perform Billing Tasks
320
Verify Information
322
Correct?
N
324
Perform Correcting Action
Y
326
Submit Claim to Payor

Fig. 3A

The Patient Workflow - Before the Medical Practice Visit

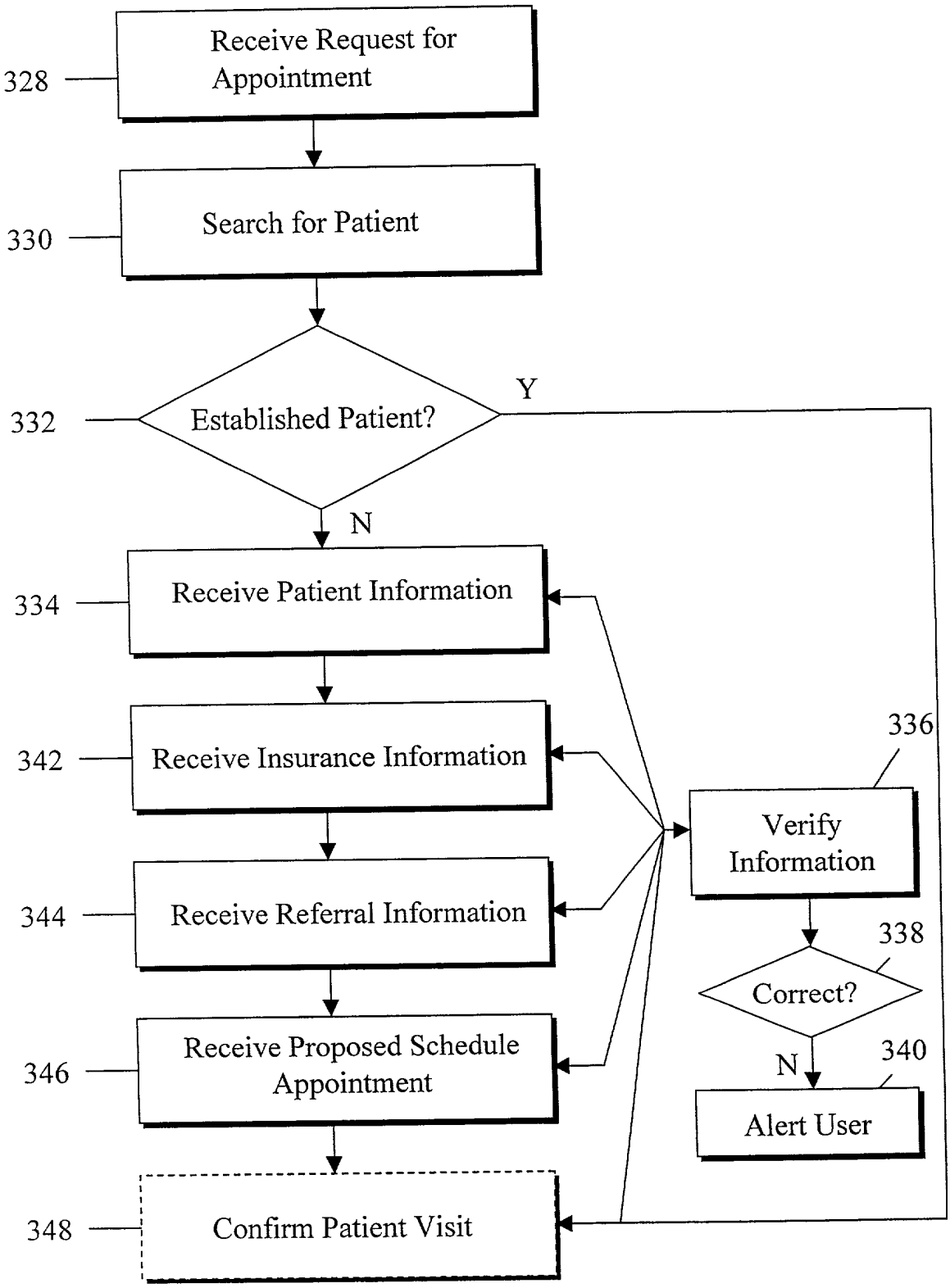


Fig. 3B

Patient Eligibility Determination

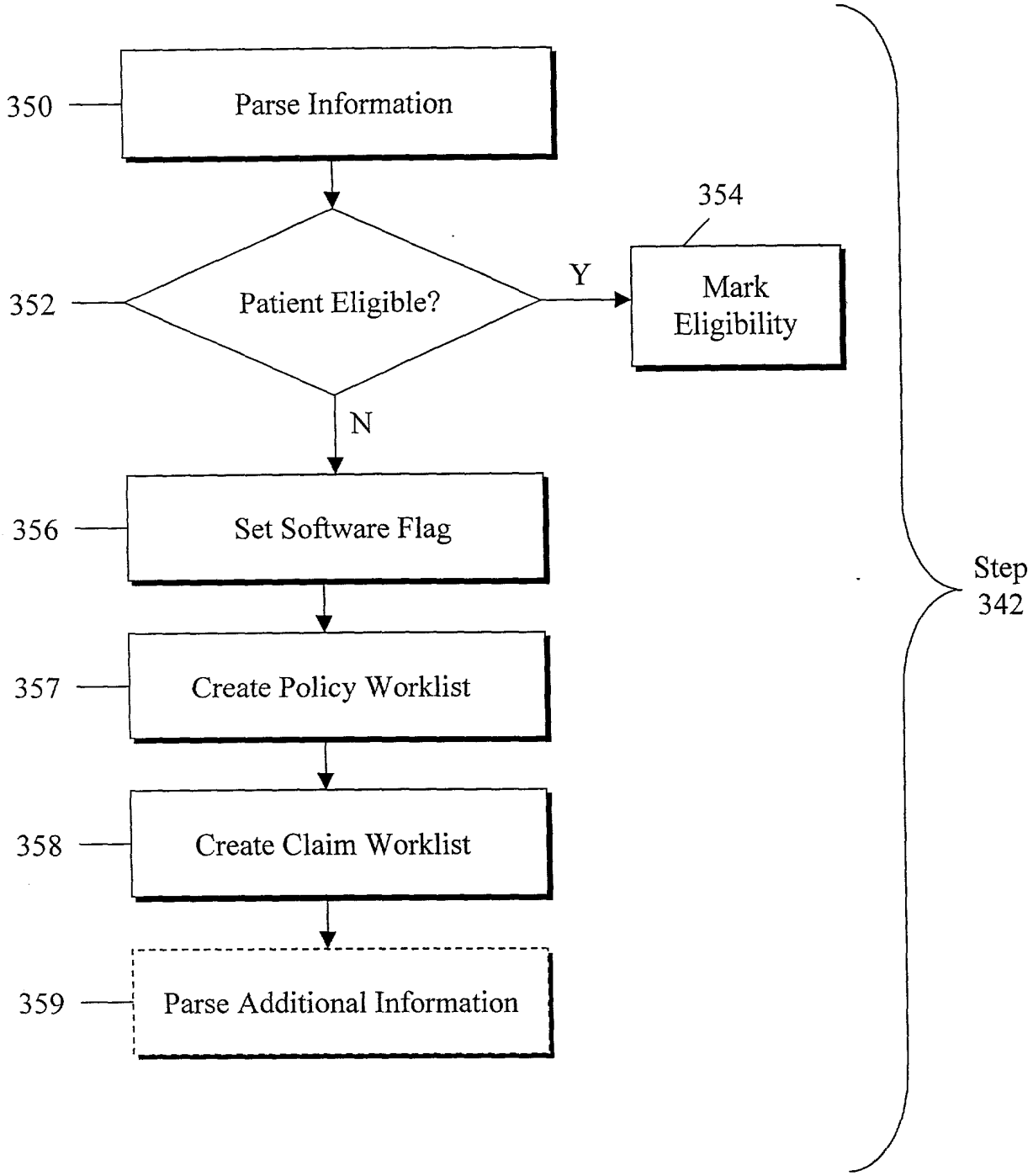


Fig. 3C

Patient Referral / Prior Authorization Determination

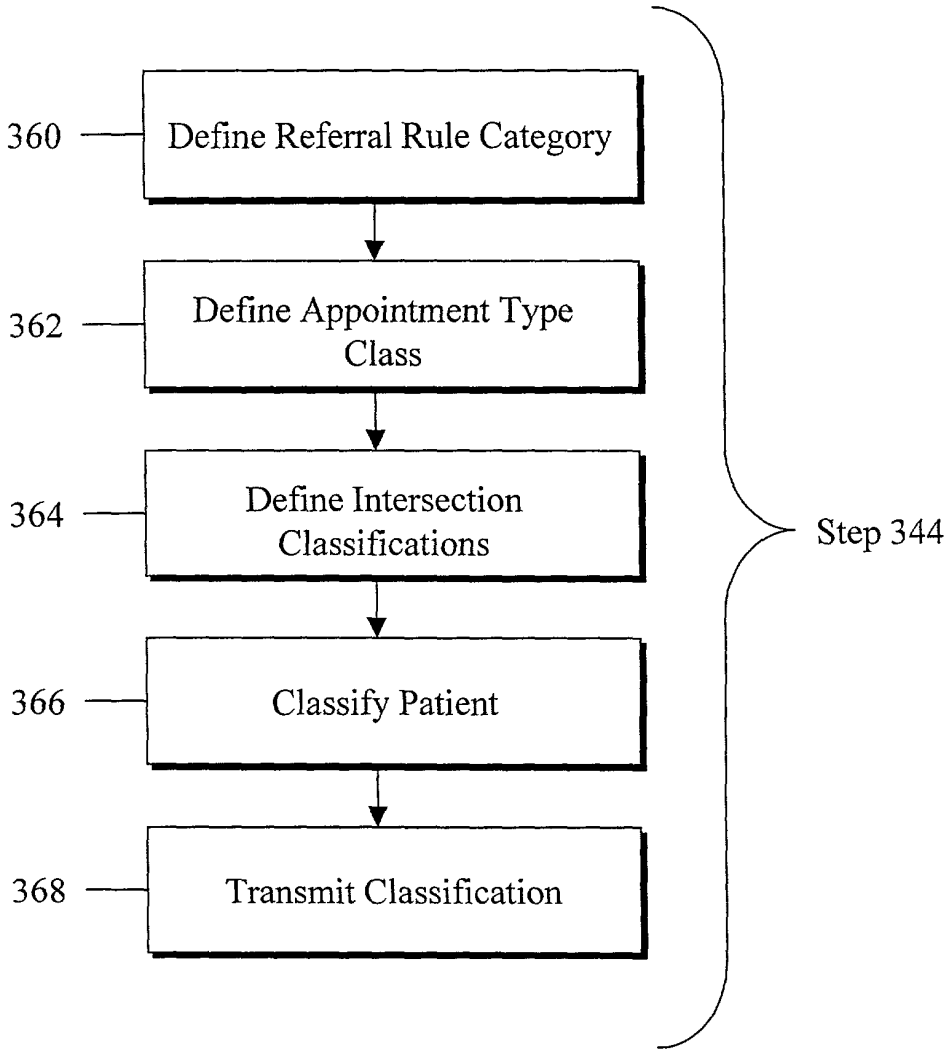


Fig. 3D

The Patient Workflow - During the Medical Practice Visit

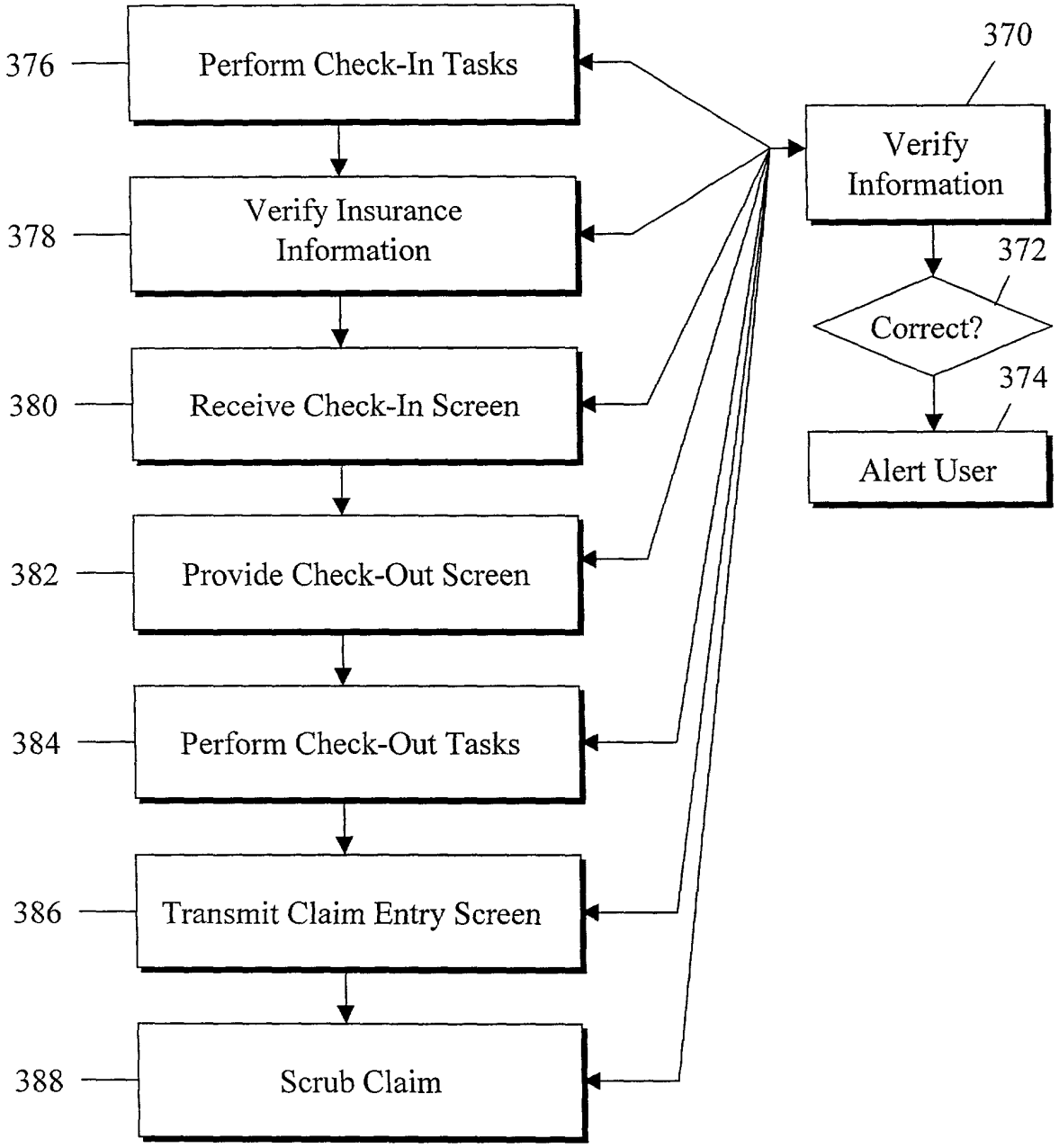


Fig. 3E

The Billing Workflow

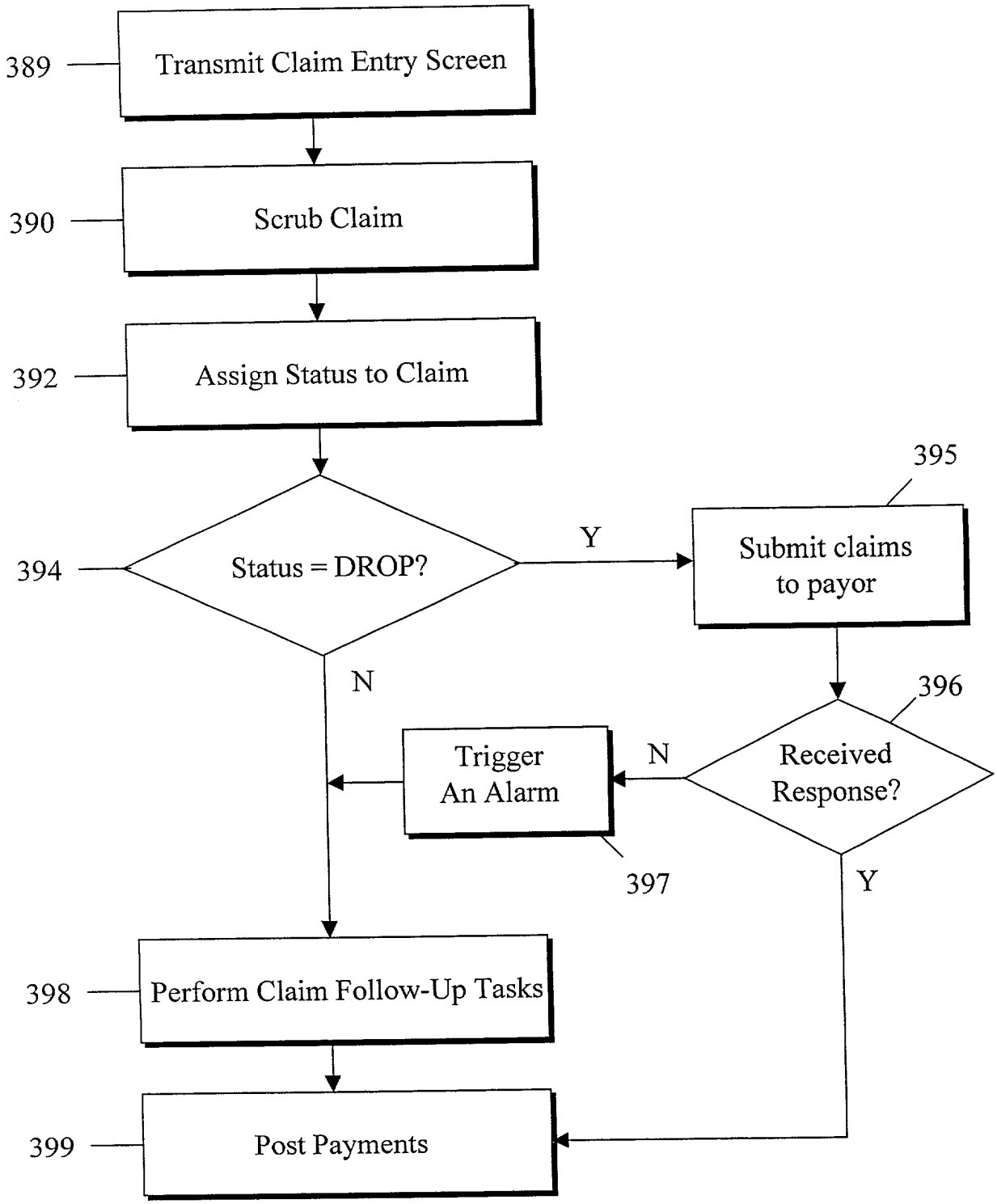


Fig. 3F

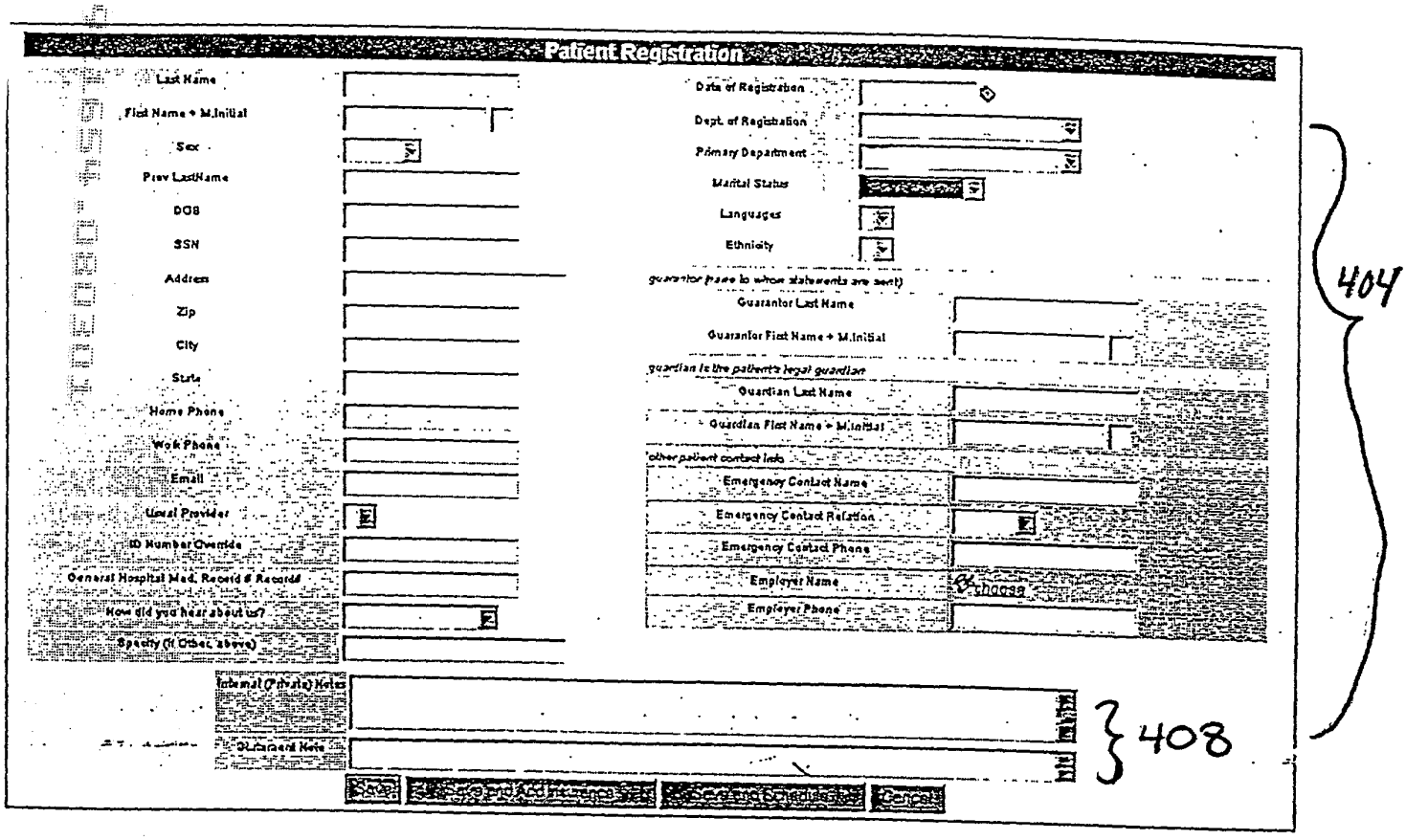
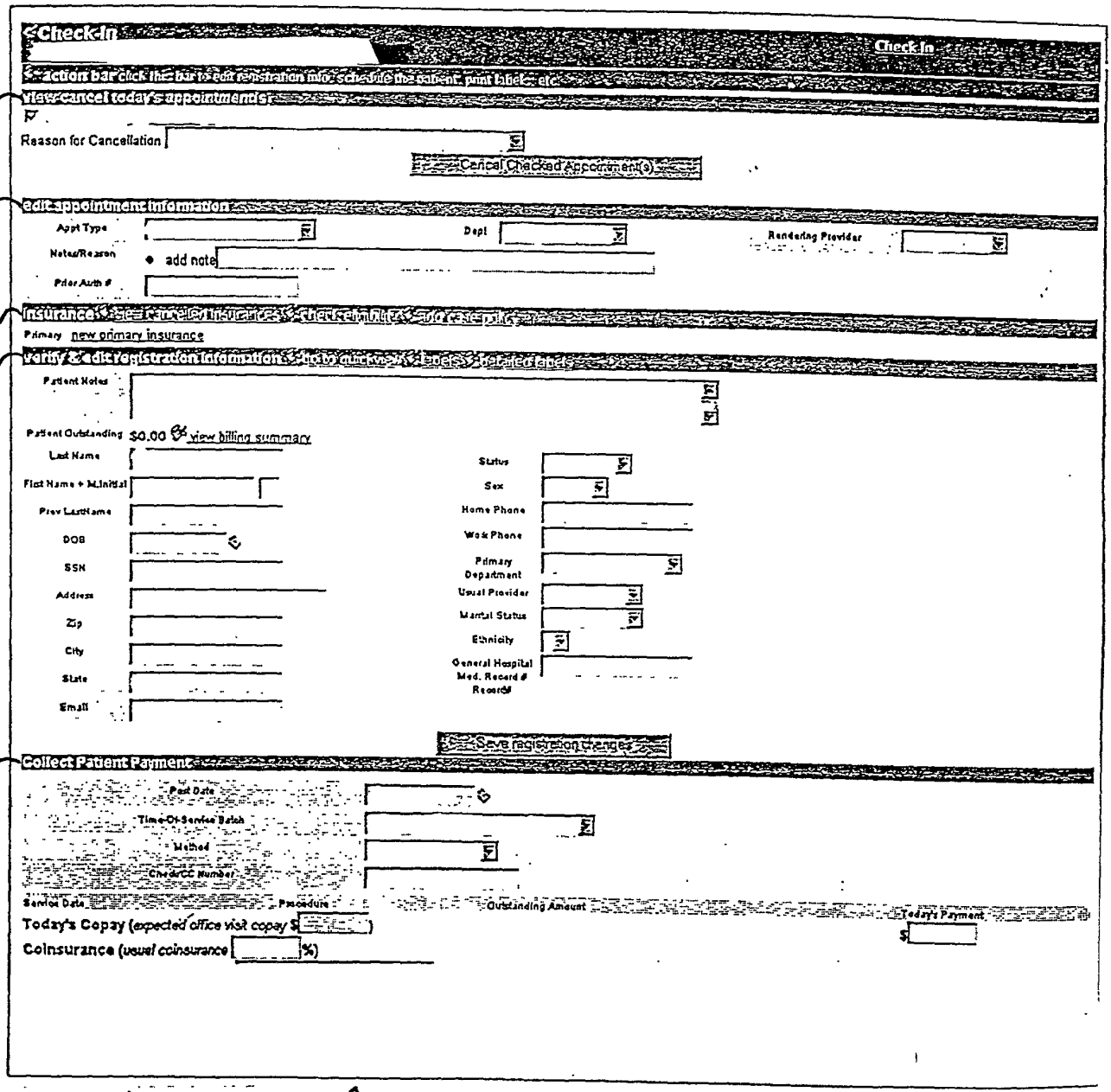
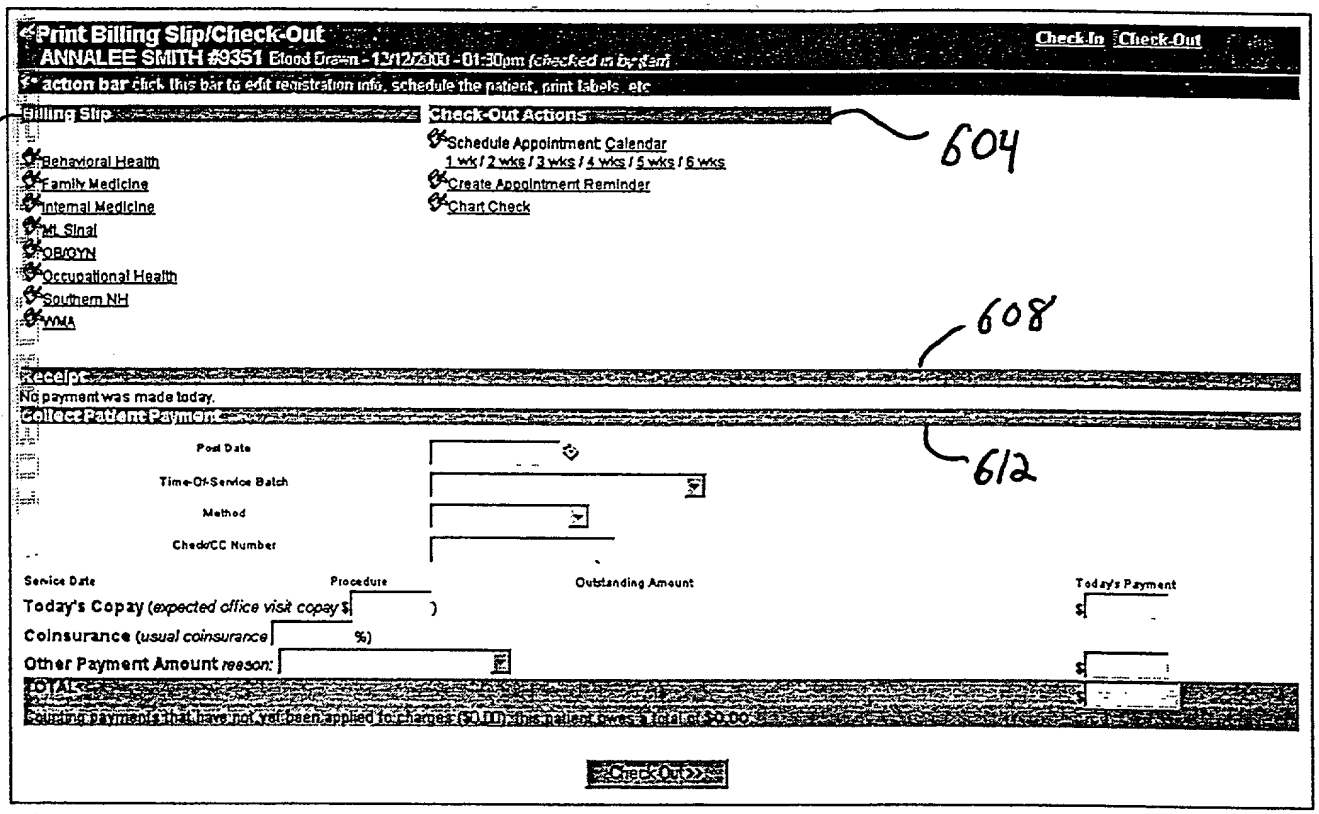

Patient Registration
Last Name
First Name + M.Initial
Sex
Prev LastName
DOB
SSN
Address
Zip
City
State
Home Phone
Work Phone
Email
Usual Provider
ID Number Override
General Hospital Med. Record # Record#
How did you hear about us?
Specify (if Other above)
Date of Registration
Dept. of Registration
Primary Department
Marital Status
Languages
Ethnicity
guarantor page to whom statements are sent)
Guarantor Last Name
Guarantor First Name + M.Initial
guardian is the patient's legal guardian
Guardian Last Name
Guardian First Name + M.Initial
other patient contact info
Emergency Contact Name
Emergency Contact Relation
Emergency Contact Phone
Employer Name
Employer Phone
Internal (Private) Notes
Statement Note
Save
Cancel
404
408
400

Fig. 4


Check-In
Check-In
Current bar: click this bar to edit registration info, schedule the patient, print labels, etc.
504
View/cancel today's appointments
Reason for Cancellation
Cancel Checked Appointment(s)
508
Edit appointment information
Appt Type
Dept
Rendering Provider
Notes/Reason
add note
Prior Auth #
512
Insurances
Primary new primary insurance
516
Verify & edit registration information
Patient Notes
Patient Outstanding $0.00 view billing summary
Last Name
First Name + M.Initial
Prev LastName
DOB
SSN
Address
Zip
City
State
Email
Status
Sex
Home Phone
Work Phone
Primary Department
Usual Provider
Marital Status
Ethnicity
General Hospital Med. Record # Record#
Save registration changes
520
Collect Patient Payment
Post Date
Time-Of-Service Batch
Method
Check/CC Number
Service Date
Procedure
Outstanding Amount
Today's Payment
Today's Copay (expected office visit copay $
Coinsurance (usual coinsurance %)

500

Fig. 5


Print Billing Slip/Check-Out
ANNALEE SMITH #9351 Blood Drawn - 12/12/2000 - 01:30pm (checked in by Sam)
Check-In Check-Out
action bar click this bar to edit registration info, schedule the patient, print labels, etc
Billing Slip
Behavioral Health
Family Medicine
Internal Medicine
Mt. Sinai
OB/GYN
Occupational Health
Southern NH
WMA
Check-Out Actions
Schedule Appointment Calendar
1 wk / 2 wks / 3 wks / 4 wks / 5 wks / 6 wks
Create Appointment Reminder
Chart Check
602
604
608
Receipt
No payment was made today.
Collect Patient Payment
612
Post Date
Time-Of-Service Batch
Method
Check/CC Number
Service Date
Procedure
Outstanding Amount
Today's Payment
Today's Copay (expected office visit copay $)
Coinsurance (usual coinsurance %)
Other Payment Amount reason:
TOTAL
Check-Out >>

600

Fig. 6

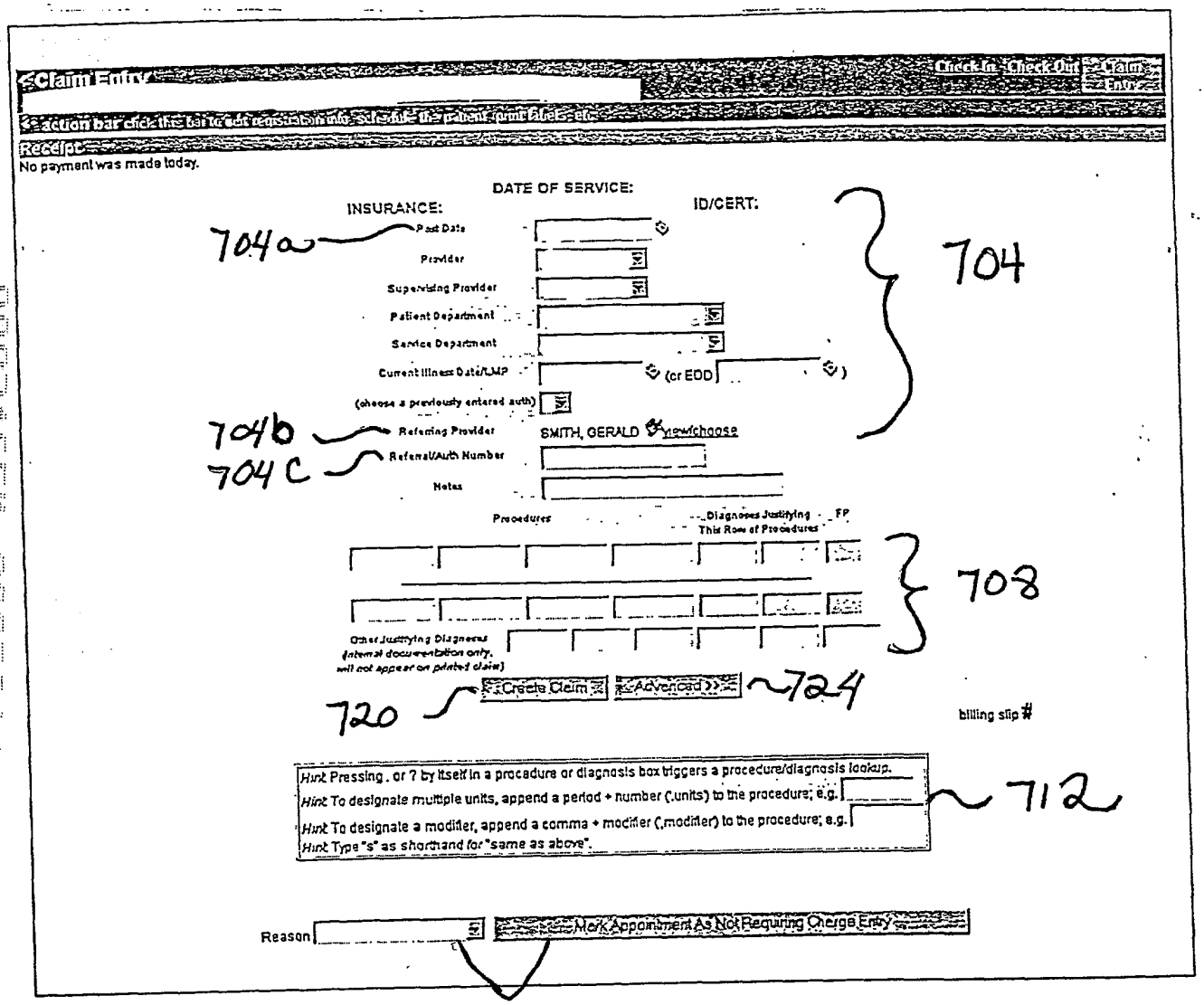
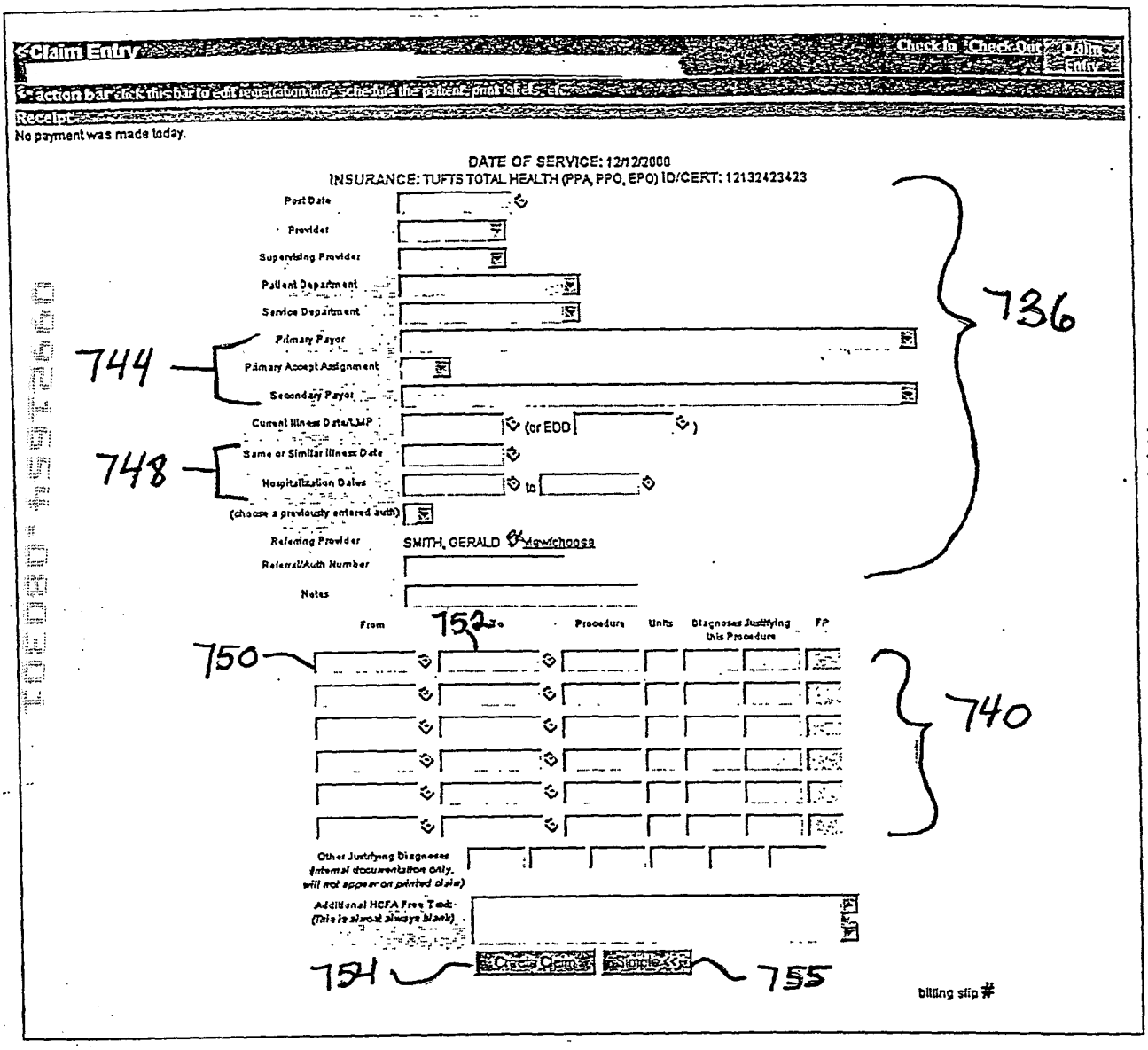

Claim Entry
Check In
Check Out
Claim Entry
Receipt
No payment was made today.
DATE OF SERVICE:
INSURANCE:
ID/CERT:
704a
Post Date
Provider
Supervising Provider
Patient Department
Service Department
Current Illness Date/LMP
(or EDD
)
(choose a previously entered auth)
704
704b
Referring Provider
SMITH, GERALD
view/choose
704c
Referral/Auth Number
Notes
Procedures
Diagnoses Justifying This Row of Procedures
FP
708
Other Justifying Diagnoses (internal documentation only, will not appear on printed claim)
720
Create Claim
Advanced >>
724
billing slip #
Hint Pressing . or ? by itself in a procedure or diagnosis box triggers a procedure/diagnosis lookup.
Hint To designate multiple units, append a period + number (.units) to the procedure; e.g.
Hint To designate a modifier, append a comma + modifier (,modifier) to the procedure; e.g.
Hint Type "s" as shorthand for "same as above".
712
Reason
Mark Appointment As Not Requiring Charge Entry
716
700

Fig. 7A


Claim Entry
Check-In
Check-Out
Claim Entry
action bar: click this bar to edit registration info, schedule the patient, print slip, etc.
Receipt
No payment was made today.
DATE OF SERVICE: 12/12/2000
INSURANCE: TUFTS TOTAL HEALTH (PPA, PPO, EPO) ID/CERT: 12132423423
Post Date
Provider
Supervising Provider
Patient Department
Service Department
Primary Payor
Primary Accept Assignment
Secondary Payor
Current Illness Date/LMP
(or EDD
Same or Similar Illness Date
Hospitalization Dates
to
(choose a previously entered auth)
Referring Provider
SMITH, GERALD
New/choose
Referral/Auth Number
Notes
From
To
Procedure
Units
Diagnoses Justifying this Procedure
FP
Other Justifying Diagnoses (internal documentation only, will not appear on printed claim)
Additional HCFA Free Text (This is almost always blank)
Check Claim
Simplex
billing slip #
744
748
736
750
752
740
754
755

732

Fig. 7B

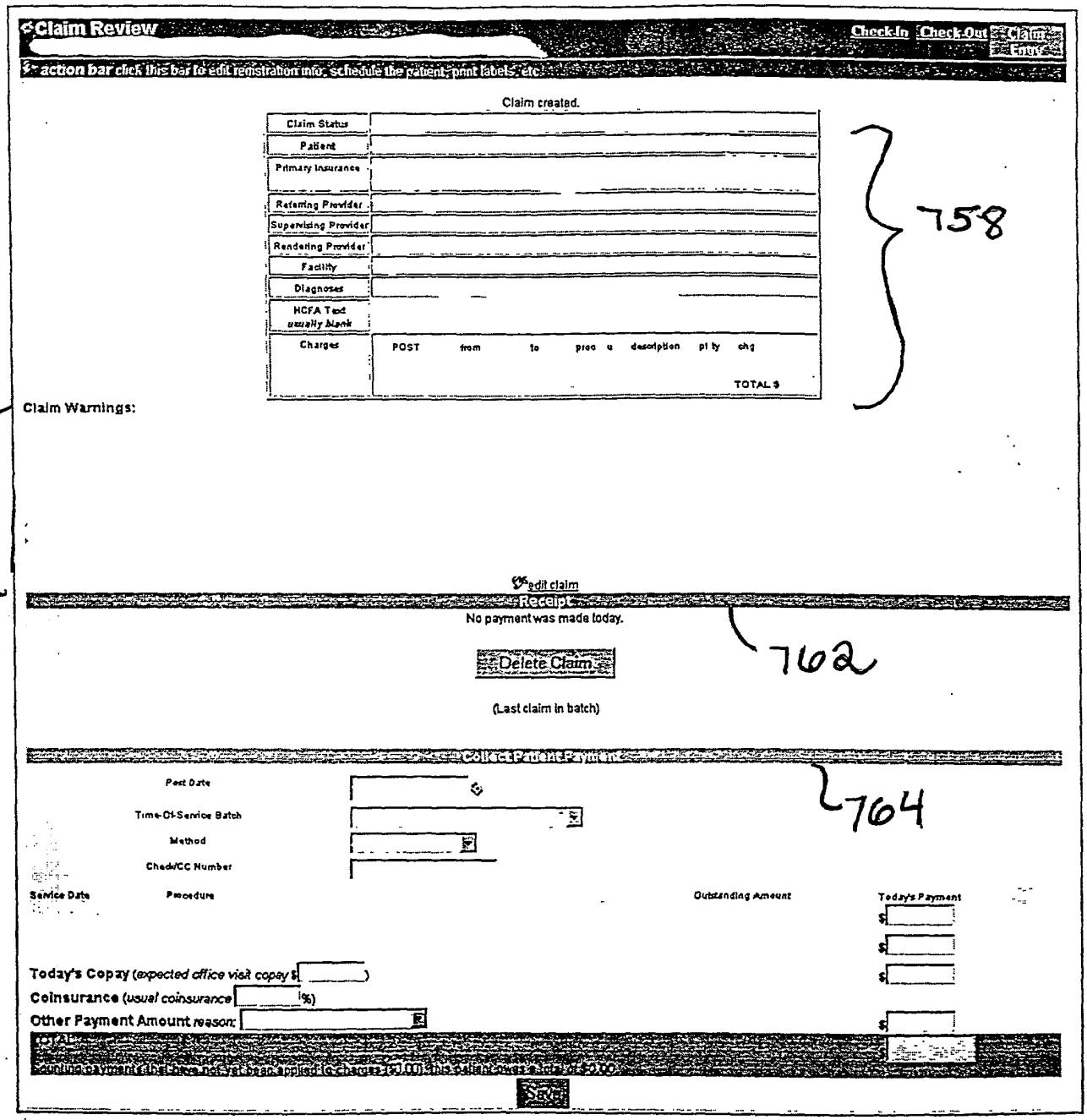

Claim Review
Check-In
Check-Out
Claim Entry
action bar click this bar to edit registration info, schedule the patient, print labels, etc.
Claim created.
Claim Status
Patient
Primary Insurance
Referring Provider
Supervising Provider
Rendering Provider
Facility
Diagnoses
HCFA Text usually blank
Charges
POST from to proc u description pt by chg
TOTAL $
758
Claim Warnings:
760
edit claim
Receipt
No payment was made today.
Delete Claim
762
(Last claim in batch)
Collect Patient Payment
Post Date
Time-Of-Service Batch
Method
Check/CC Number
764
Service Date
Procedure
Outstanding Amount
Today's Payment
Today's Copay (expected office visit copay $)
Coinsurance (usual coinsurance %)
Other Payment Amount reason:
Save
756

Fig. 7C

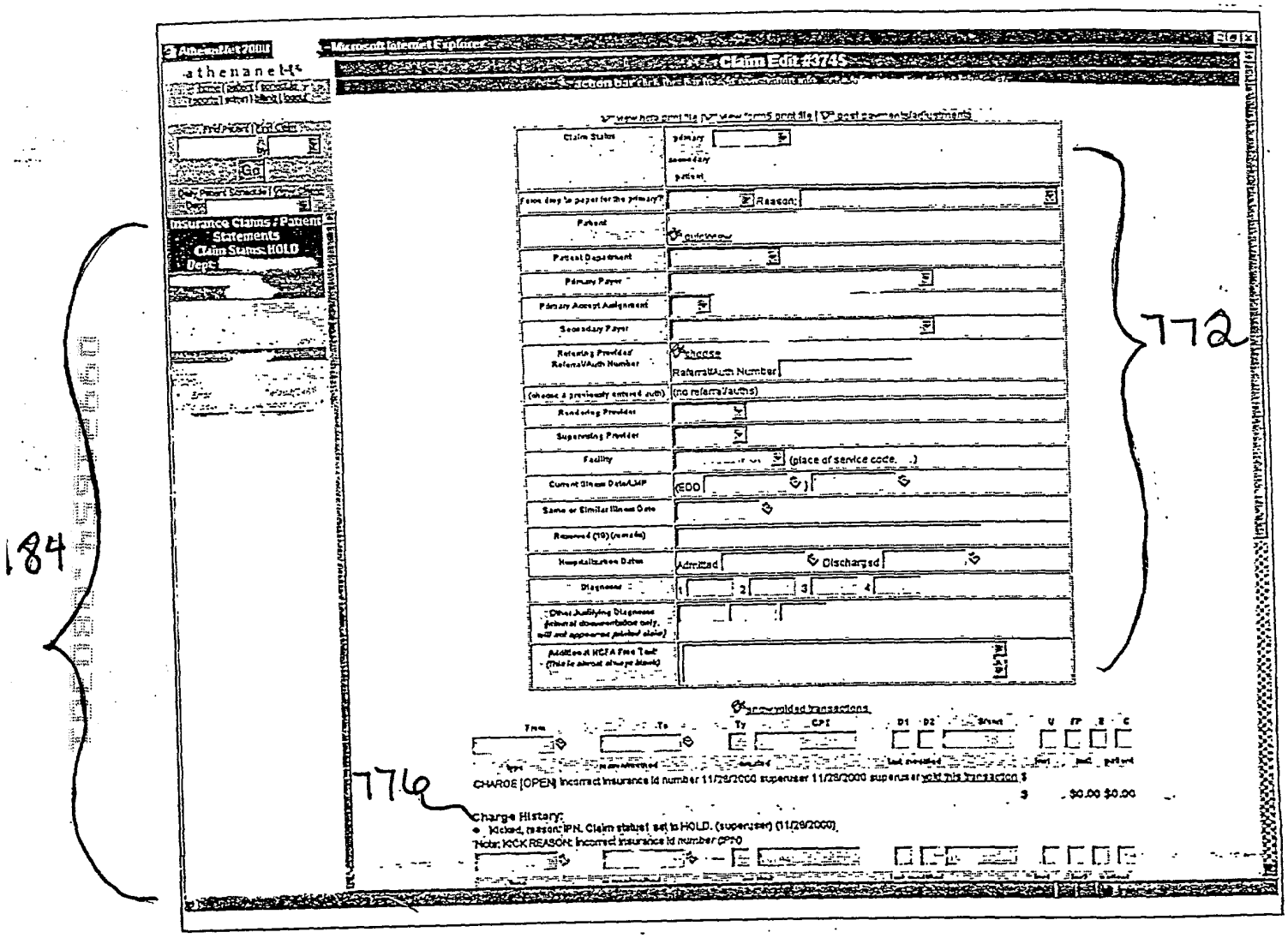

athenanet
Claim Edit #3745
Insurance Claims / Payments
Statements
Claim Status: HOLD
Dept:
Claim Status
primary
secondary
patient
Reason:
Patient
Patient Department
Primary Payer
Primary Accept Assignment
Secondary Payer
Referring Provider/ Referral/Auth Number
choose
Referral/Auth Number
(choose a previously entered auth)
(no referral/auths)
Rendering Provider
Supervising Provider
Facility
(place of service code...)
Current Illness Date/LMP
(EDD
Same or Similar Illness Date
Hospitalization Dates
Admitted
Discharged
Diagnoses
Additional HCFA Free Text
(This is almost always blank)
show voided transactions
From
To
Ty
CPT
D1
D2
Status
U
TP
R
C
CHARGE [OPEN] Incorrect insurance id number 11/29/2000 superuser 11/29/2000 superuser void this transaction $
3
$0.00 $0.00
Charge History:
Kicked, reason: IPN. Claim status set to HOLD. (superuser) (11/29/2000)
Note: KICK REASON: Incorrect insurance id number CPT0
184
772
776
768

Fig. 7D

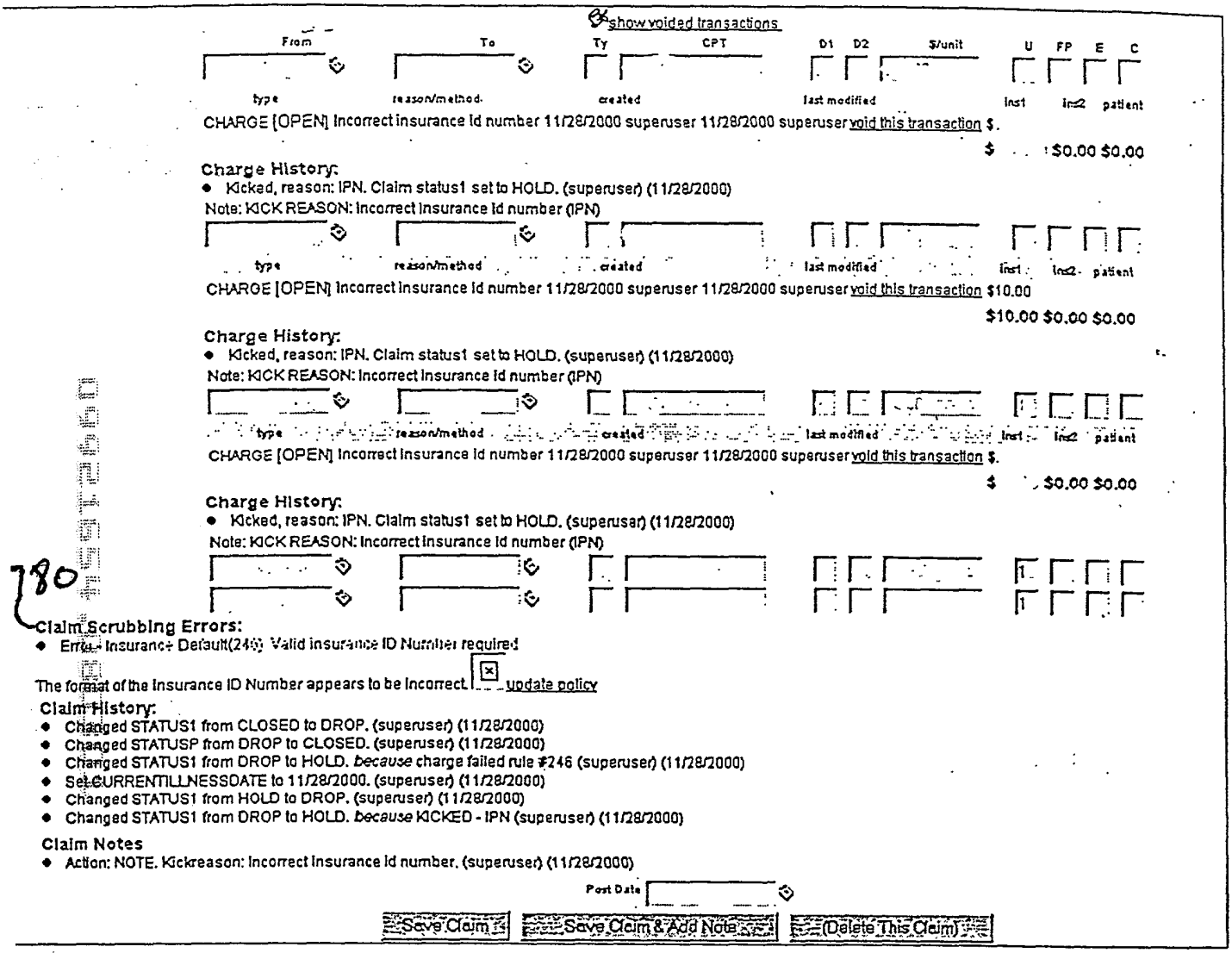

show voided transactions
From
To
Ty
CPT
D1
D2
$/unit
U
FP
E
C
type
reason/method
created
last modified
inst
ins2
patient
CHARGE [OPEN] Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction $.
$0.00 $0.00
Charge History:
Kicked, reason: IPN. Claim status1 set to HOLD. (superuser) (11/28/2000)
Note: KICK REASON: Incorrect insurance id number (IPN)
CHARGE [OPEN] Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction $10.00
$10.00 $0.00 $0.00
Charge History:
Kicked, reason: IPN. Claim status1 set to HOLD. (superuser) (11/28/2000)
Note: KICK REASON: Incorrect insurance id number (IPN)
CHARGE [OPEN] Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction $.
$0.00 $0.00
Charge History:
Kicked, reason: IPN. Claim status1 set to HOLD. (superuser) (11/28/2000)
Note: KICK REASON: Incorrect insurance id number (IPN)
780
Claim Scrubbing Errors:
Error: Insurance Default(246) Valid insurance ID Number required
The format of the Insurance ID Number appears to be incorrect. update policy
Claim History:
Changed STATUS1 from CLOSED to DROP. (superuser) (11/28/2000)
Changed STATUSP from DROP to CLOSED. (superuser) (11/28/2000)
Changed STATUS1 from DROP to HOLD. because charge failed rule #246 (superuser) (11/28/2000)
Set CURRENTILLNESSDATE to 11/28/2000. (superuser) (11/28/2000)
Changed STATUS1 from HOLD to DROP. (superuser) (11/28/2000)
Changed STATUS1 from DROP to HOLD. because KICKED - IPN (superuser) (11/28/2000)
Claim Notes
Action: NOTE. Kickreason: Incorrect insurance id number. (superuser) (11/28/2000)
Post Date
Save Claim
Save Claim & Add Note
(Delete This Claim)
770

Fig. 7E

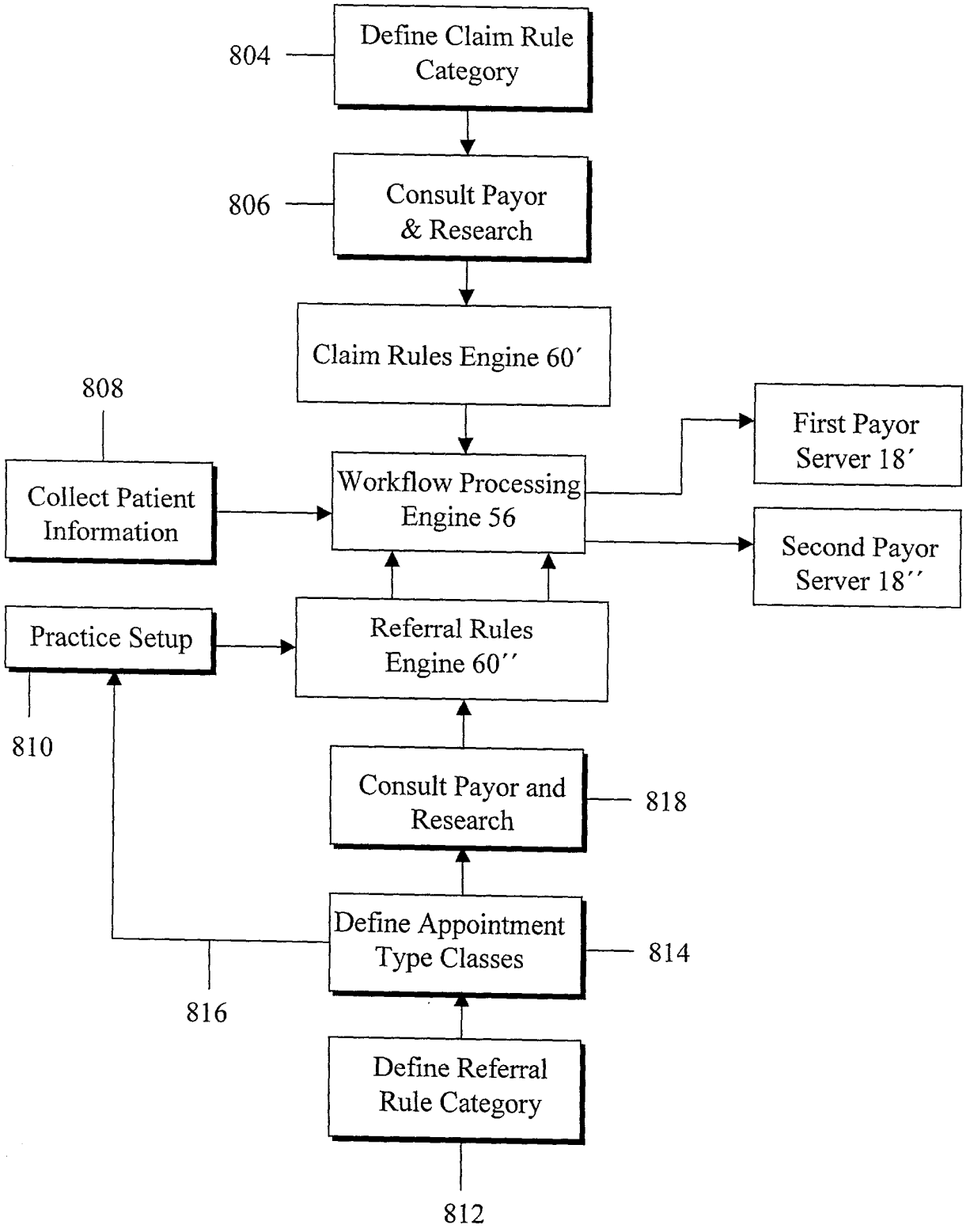

804
Define Claim Rule Category
806
Consult Payor & Research
Claim Rules Engine 60′
808
Collect Patient Information
Workflow Processing Engine 56
First Payor Server 18′
Second Payor Server 18″
Practice Setup
Referral Rules Engine 60″
810
Consult Payor and Research
818
Define Appointment Type Classes
814
816
Define Referral Rule Category
812

Fig. 8A

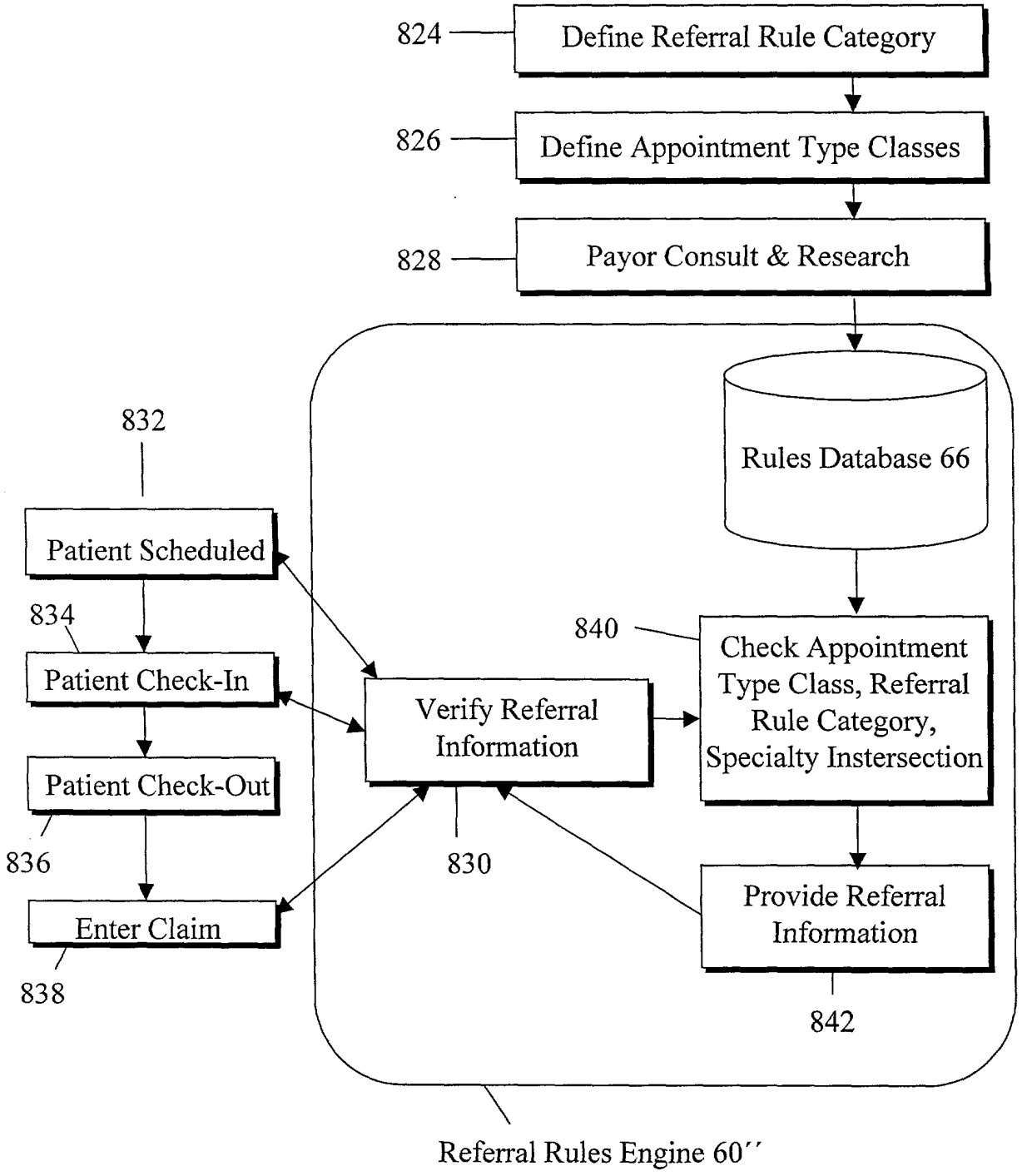

824
Define Referral Rule Category
826
Define Appointment Type Classes
828
Payor Consult & Research
Rules Database 66
832
Patient Scheduled
834
Patient Check-In
Patient Check-Out
836
Enter Claim
838
Verify Referral Information
830
840
Check Appointment Type Class, Referral Rule Category, Specialty Instersection
Provide Referral Information
842
Referral Rules Engine 60''

Fig. 8B

TOE080* h59T2660

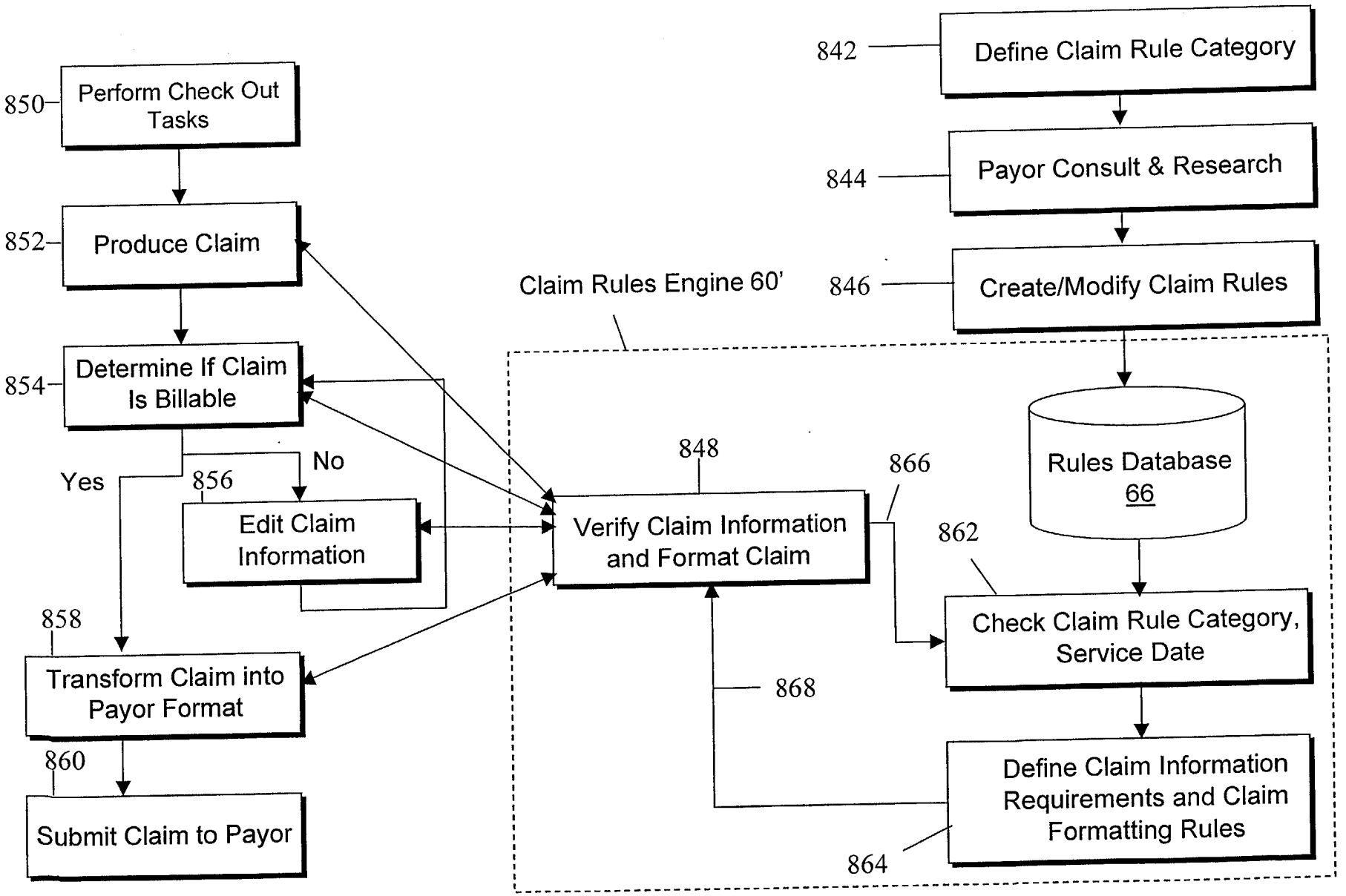


Fig. 8C

Title: Practice Management and Billing Automation System
Inventor(s): Amar et al.
Atty Docket No. AHC-001
Atty/Agent: John V. Bianco Reg. No. 36,748
(617) 248-7870
Express Mail Label No. EL822886561US
Sheet 20 of 22

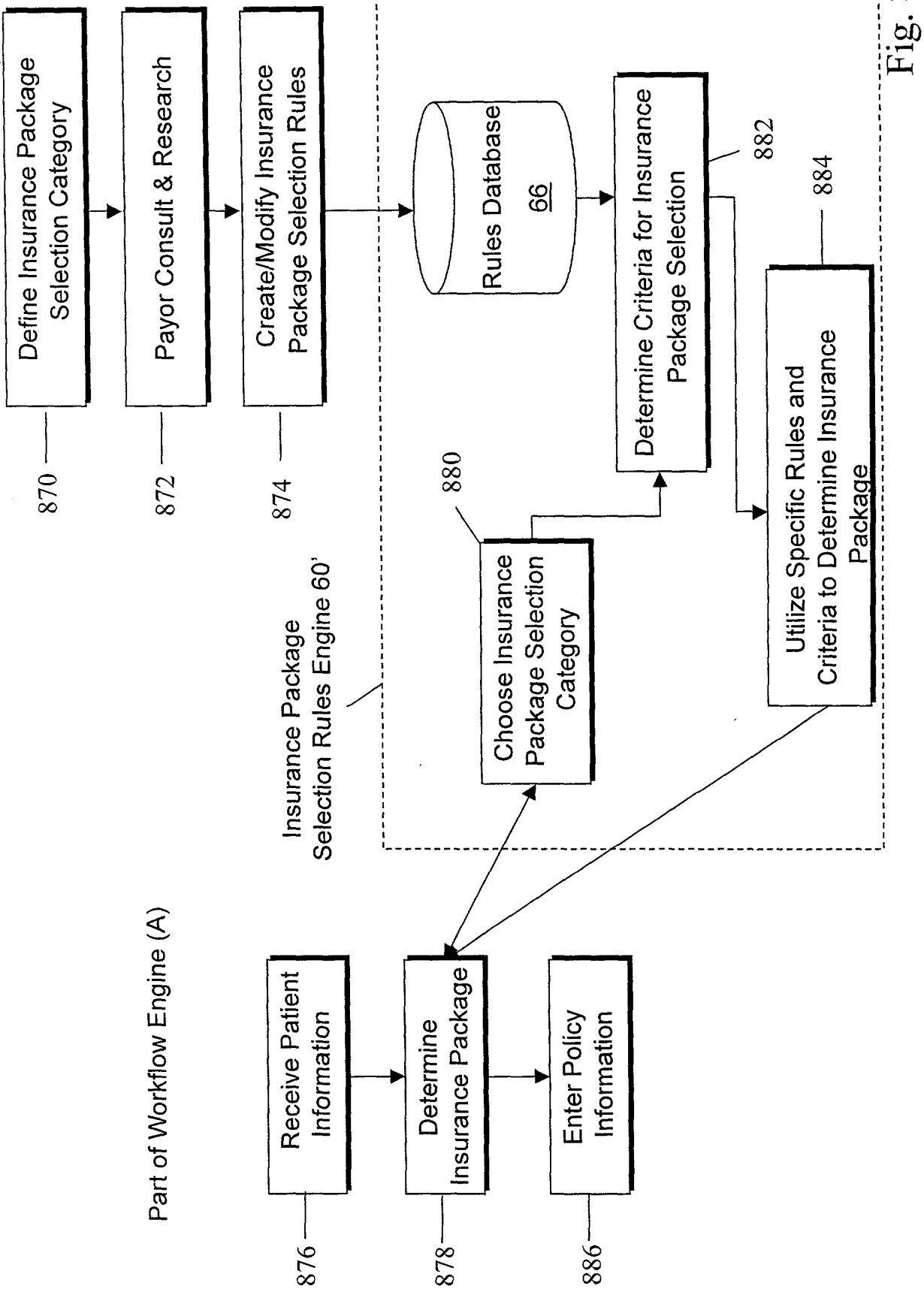

Part of Workflow Engine (A)
Receive Patient Information
Determine Insurance Package
Enter Policy Information
876
878
886
Insurance Package Selection Rules Engine 60'
Choose Insurance Package Selection Category
880
Utilize Specific Rules and Criteria to Determine Insurance Package
884
Determine Criteria for Insurance Package Selection
882
Rules Database 66
Create/Modify Insurance Package Selection Rules
874
Payor Consult & Research
872
Define Insurance Package Selection Category
870

Fig. 8D

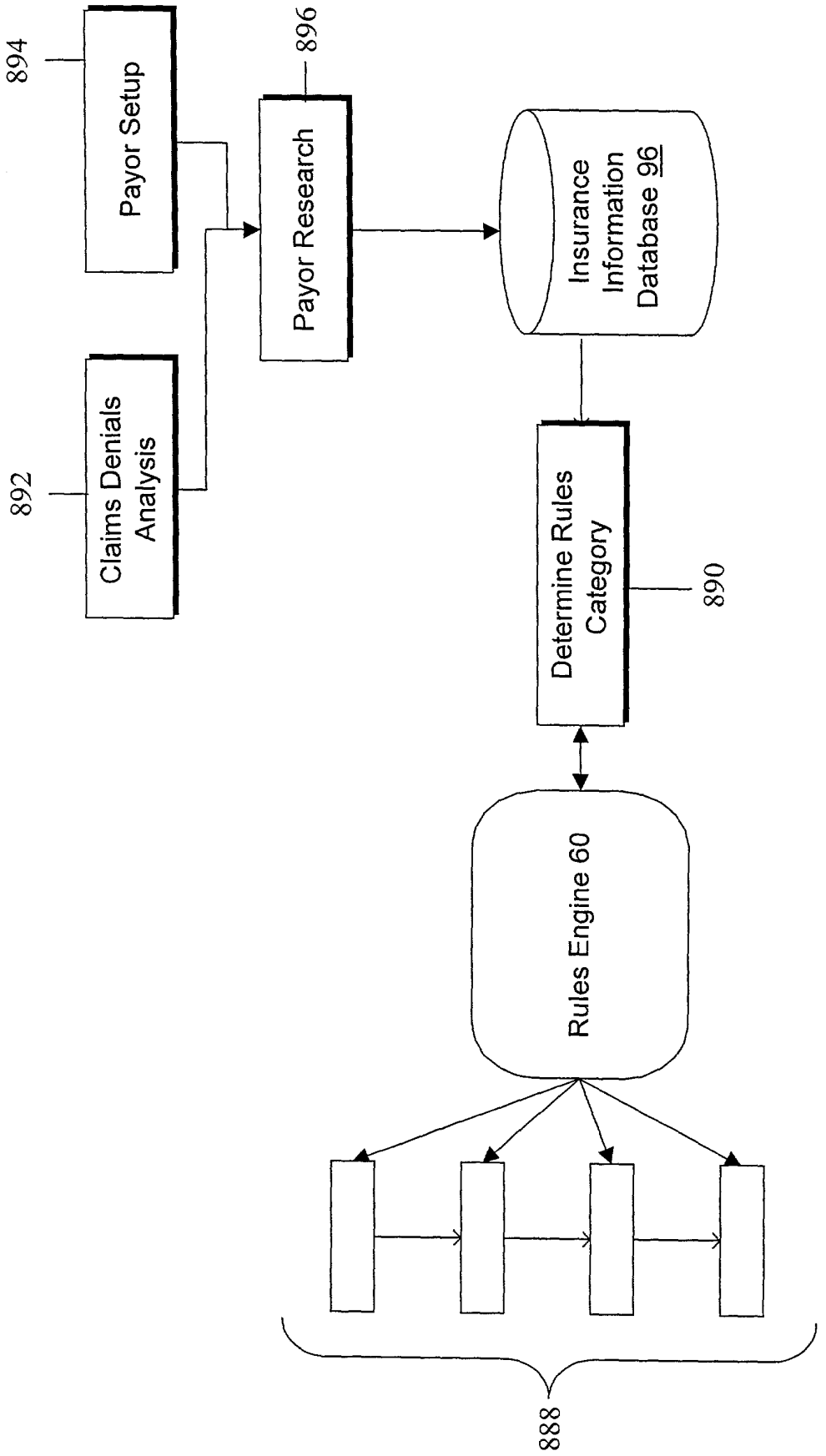

894
Payor Setup
896
Payor Research
Insurance Information Database 96
892
Claims Denials Analysis
Determine Rules Category
890
Rules Engine 60
888

Fig. 8E